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Navy And Marine Corps Medical News
17 August 2001
#01-32

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MN013201. New Navy SG Praises Men and Women of Navy Medicine
By Jan Davis, Bureau of Medicine and Surgery

Washington, DC - VADM Michael L. Cowan, MC, took the helm of Navy Medicine last Friday, becoming the 34th Navy Surgeon General and Chief of the Bureau of Medicine and Surgery.

Cowan praised today's men and women in Navy Medicine as "the best I've ever seen" in his 30 years of naval service. He also talked about the areas he'll focus on as the Navy Surgeon General.

"It will be my job - Navy Medicine's job - to sustain a healthy and fit naval and Marine Corps force; to keep naval medical personnel ready; to optimize the clinical and business practices of the direct care system; and to promote the integration of the TRICARE program among the military services," Cowan said.

More than 37,000 active duty Navy and nearly 10,000 drilling Naval Reserve healthcare professionals support 160 centers, hospitals, and clinics; 131 dental clinics; ten fleet hospitals; two hospital ships; Marine Corps units; and a dozen environmental and health research facilities world-wide.

Guest speaker at the change of office and retirement ceremony was Chief of Naval Operations ADM Vern Clark, who also praised the Navy Medicine community for its role in maintaining a ready Navy.

Cowan takes over from VADM Richard Nelson, MC, who retired after more than 34 years of naval service.

Cowan is a native of Fort Morgan, CO, and attended the University of Colorado in Boulder before going on to get his M.D. from Washington University of Medicine in St. Louis, MO. He completed post graduate training at National Naval Medical Center Bethesda, MD, and entered the naval service as a general medical officer at Naval Hospital Camp Lejeune, NC, in 1971. Twenty-five years later, he was promoted to Flag Officer after returning to NH Camp Lejeune to be its commanding officer.

During his career, Cowan has held a wide variety of clinical, research, operational, staff, and leadership positions, the most recent being deputy executive director, chief operating officer and program executive officer of the TRICARE Management Activity for the Assistant Secretary of Defense for

Health Affairs.

Other positions include chief of staff for the Assistant Secretary of Defense for Health Affairs, Surgeon to the Joint Staff, Commander of the Defense Medical Readiness Training Institute, and Task Force Surgeon for Operation Restore Hope in Somalia.

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MN013202. CNO Lauds the Role of Navy Medicine

By JOC Walter T. Ham IV, Office of the Chief of Naval Operations

Washington, DC - A healthy Sailor with a healthy family equals a healthy Navy, according to Chief of Naval Operations ADM Vern Clark.

The CNO praised the Navy medical community's role in readiness, during an August 10 change-of-command ceremony for the Surgeon General of the Navy and chief of the Bureau of Medicine and Surgery (BUMED).

During the ceremony, VADM Michael Cowan, MC, relieved VADM Richard Nelson, MC, who is retiring after 34 years of naval service.

"No matter what kind of ships we build and where we send them, our ability to complete the mission boils down to one key element - our people," Clark said. "We go to great lengths to find the best and brightest young people this country has to offer, and they need to be healthy and fit and ready to serve.

"That means that our Sailors and Marines must receive the excellent medical care they deserve on their home base and wherever their duties may take them," the CNO continued.

"That means they must be confident that they are in good- hands, on duty around the globe, and that their families will receive the world's finest health care. We are meeting those challenges with a balance of innovative solutions and good old-fashioned hard work."

Clark said the Navy's medical community has improved service to the fleet with programs like forward-deployable preventive medical units, telemedicine systems and TRICARE Prime remote services that deliver "whole person health care" directly to Sailors and Marines.

He also praised Navy Medicine for its continued focus on improving quality of service, customer service and business practices, noting that in recent surveys "our Navy is increasingly pleased by the prompt, courteous and professional care they are receiving." Clark added that customer satisfaction is higher for Navy medicine than it is with equivalent civilian health maintenance organizations.

The CNO also noted that Navy preventive medicine programs have set the world standard for proactive health care.

"The days of waiting for sick patients to walk in the door are long gone, replaced by a system of whole life health management," Clark said. "We are finding that a dollar spent in prevention is a dollar well invested. We have just begun to tap the savings we can generate by avoiding costly crisis-medical care. That means we have a healthy Sailor in the fleet, instead of in a hospital bed. That means we have a well-manned Navy at maximum readiness.

"Right now, as we conduct this ceremony, 51,500 Sailors and 101 ships of our Navy are out there forward on the point, in carrier battle groups and amphibious ready groups," the CNO said. "They are getting the job done and doing it well and that is, in large part, due to the men and women of Navy medicine."

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MN013203. Dental Corps Celebrates 89 Years of Service

By Aveline V. Allen, Bureau of Medicine and Surgery

The Navy Dental Corps, a cadre of 5,580 healthcare professionals

dedicated to preserving the dental health of Navy people world-wide, will embark upon its 89th year on Aug. 22.

Established by an act of Congress in 1912, the Secretary of the Navy was authorized to appoint not more than 30 acting assistant dental surgeons, all graduates of standard medical or dental colleges, to be a part of the Navy's Medical department. The officers appointed to the Dental Corps, under this act, received the same pay and allowances as officers of corresponding rank and service in the Medical Corps.

A highlight of the early Dental Corps, which was not part of the act, but approved by Congress at the same time, was the appropriation of "a sum not to exceed \$15,000 for dental outfits, dental material and all other necessary contingent expenses."

The first dental officer was appointed to serve in the U.S. Navy on Oct. 23, 1912, just over a year after the new corps was established.

The Dental Corp has grown into an integral part of Navy Medicine, as it uses the most modern and advanced dental procedures and techniques known by science to provide excellent dental care to patients.

"As a result of the sustained, superlative efforts of Navy dentistry, operational dental readiness has reached records levels of more than 96 percent, and, dental health has been raised to over 37 percent," said RADM Jerry K. Johnson, DC, director of the Dental Corps. "We are unwavering in our commitment to providing the highest standard of care to our beneficiaries."

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MN013204. Light Beams Heal Skin Diseases

By JO1 Sonya Ansarov, Naval Medical Center San Diego

San Diego, CA - Dermatologists at Naval Medical Center San Diego have added a new weapon to combat chronic and serious skin diseases - beams of light.

Photodynamic therapy is being used at Naval Medical Center San Diego and is a first for military dermatology. It is less invasive than other treatments for skin disorders such as psoriasis, chronic dermatitis and skin cancers, which may require cutting or burning, leaving visible scars and risking infection.

"This treatment is very clean, and involves no cutting of my skin," said Terry Waldenmaier, a retired Navy officer and the first patient treated with photodynamic therapy at San Diego. "The scars are clean and hardly visible versus prior scars I have from tumors being removed."

Photodynamic therapy starts with the application of a skin cream that contains aminolevulinic acid (Levulan) to the affected area. The cream is covered with a bandage for six to 24 hours to allow it to be absorbed into the skin. Then, the area is exposed to black light. The diseased skin looks fluorescent red under light, allowing a laser to zoom and activate the aminolevulinic acid.

"The drug, when activated, kills only the bad cells," said CDR E. Victor Ross, MC, residency program director of the dermatology department at San Diego. "The normal cells are not harmed. Most of the time, the cells are destroyed permanently, and any left over cells that weren't destroyed completely, will usually be killed by the patient's immune system."

According to Ross, the real benefit to this treatment is that a broader area of skin can be treated at one time without cutting and damaging normal cells. The laser treatments take about 15 minutes and heal in about a week. Cutting and stitching takes much longer and has an extended healing time.

Some patients say the therapy feels like having a bad sunburn, while others feel like their skin is touching a hot stove. Patients get a local anesthesia to minimize pain, but according to Waldenmaier, who has a form of

skin cancer that causes many superficial skin tumors, the benefits outweigh the discomfort.

"I've been treated (for skin ailments) since 1985, and without this laser treatment, they would have to continue to cut and burn the tumors leaving even more scarring," he said.

Ross believes photodynamic therapy has benefits beyond dermatology.

"It has a lot of potential, and we will keep researching to see in what other areas it can prove beneficial," Ross said.

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MN013205. Navy Medicine Partners with Singapore Navy

By Aveline V. Allen, Bureau of Medicine and Surgery

Republic of Singapore - Navy Medicine will embark upon a new medical research venture abroad beginning Oct. 1.

LCDR Caron Shake, MSC, will be Navy Medicine's first liaison officer to the Republic of Singapore's Navy, setting up an operational medicine research and development information exchange between the U.S. Navy and Singapore's Navy.

Officially, Shake's title will be head of the Bureau of Medicine and Surgery's medical research and development liaison desk at the Office of Defense Cooperation, Singapore.

"I'm looking forward to working at ODC Singapore," said Shake. "I believe that this mission will be an opportunity for both countries to use their resources and knowledge to the utmost and move forward on issues of interest to both."

A big part of her job will be to investigate establishing Information Exchange Agreements, Memorandums of Understandings, and project agreements in aviation physiology and medicine, submarine and diving medicine, combat casualty care, infectious disease, human factors, human-machine interfaces, dental, toxicology, and electromagnetic radiation bioeffects.

Singapore is rapidly becoming one of the U.S.'s most steadfast friends in the Asia-Pacific region. This collaborative research is another opportunity for the two countries to develop strong bonds.

Shake will also be looking for emerging technologies in other Asian Pacific countries, where collaborations might be beneficial for the U.S. Navy.

Establishing the position with the ODC at Singapore was the brainchild of LCDR Randal LeBlanc, MSC, deputy director for research and development at the Bureau of Medicine and Surgery.

"This billet placement, along with the medical research and development background of LCDR Shake, will make this a win-win for Navy Medical R and D and the Office of Defense," LeBlanc said.

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MN013206. Navy Medicine in Florida Going to War Against Mosquitoes

By Rod Duren, Naval Hospital Pensacola

Pensacola, FL - Dating back to the 1820s, to the early days of the Navy, Pensacola was an incubator for diseases that thrived on steamy climates. Yellow fever and malaria were constant companions to the residents, including Sailors, who, because of their travels, were often unknowing carriers.

Today, there is another possible scourge onto the horizon. It's called the West Nile virus and its "friends" Eastern equine and St. Louis encephalitis.

To help prevent the spread of the virus, a seven-member team of entomologists and preventive medicine technicians from the Navy's Disease Vector Ecology and Control Center (DVECC) in Jacksonville came to Pensacola

to assist Naval Hospital Pensacola's team of 'bug chasers' with surveillance and prevention efforts to control mosquitoes on base.

Mosquitoes are carriers of the virus that causes the diseases, transmitting it from infected animals or people to another.

Early Navy Pensacola history is filled with tragic stories of yellow fever epidemics. The first commanding officer of the naval hospital, Surgeon Isaac Hulse, lost a young child to yellow fever in 1846. It wasn't until the early 1900s that military medicine clinically proved that mosquitoes were the carriers of the diseases.

"Historically, diseases carried by insects have brought about more death and disease than combat," said entomologist LT Carl Doud, MSC, of DVECC. "(Controlling vectors) is a very important role that we play."

In this latest battle, DVECC provided training in the latest preventive procedures.

Escambia and Santa Rosa counties, where NAS Pensacola and Whiting Field are located, have both recently been placed under medical alert - along with 27 others - due to the detection of Eastern equine encephalitis.

Being able to detect the virus in mosquito populations locally is key in developing a prevention strategy, says LT Wayne Chardon, MSC, environmental health officer for the Naval Hospital Pensacola's preventive medicine department. A primary way of doing that is by trapping mosquitoes to test for the presence of the virus.

"We always relay and share information with Escambia County mosquito control, so that we can see what's on our borders (NAS Pensacola) and they can see what we're doing and what we're finding," said Chardon.

West Nile Virus has received much attention, primarily because it's relatively new to the U.S., but there are other forms of mosquito-borne viruses that can cause just as much sickness, and could be even more deadly, including Eastern equine encephalitis and St. Louis encephalitis. Outbreaks in the U.S. are often cyclical, with one in Florida occurring in 1990 resulting in 223 cases and 17 deaths.

"We want to make people aware of the situation," said Doud. "It's unlikely you would get bit by an infected mosquito, and even less likely that you'd come down and get sick."

Still, it's wise to avoid being bitten by the bugs. Some methods to reduce mosquito bites include:

- Avoid outdoor activities between dusk and dawn when mosquitoes are likely to be looking for a blood meal;
- Cover up exposed skin while outdoors by wearing shoes, socks, long pants and long-sleeved shirts;
- - Use mosquito repellants that contain DEET. Read the label for cautions on applying to children;
- - Keeping adult mosquitoes out of the home by using screens on doors and windows. Ensure that screens are in good repair.

For more information about these viruses contact the Center for Disease Control and Prevention's web site at www.cdc.gov.

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MN013207. Bremerton Opens Fleet Hospital Five To Army Docs
By JO2 John Baughman, Naval Hospital Bremerton

Bremerton, WA - Fleet Hospital Five, Naval Hospital Bremerton's deployable field hospital, opened its doors and operating rooms to four Army healthcare professionals from nearby Madigan Army Medical Center (MAMC) to help them fulfill training requirements and help reduce Madigan's surgical case backlog.

Since the first case was done on the hospital grounds on June 2, 1998, more than 70 surgical cases have been completed in the field environment.

Including doctors from surrounding area military medical centers in the training is part of the Surgical Case Optimization and Realignment program started in the TRICARE Northwest Region 11 to shift workload around to maximize operating room assets.

"Initially I had planned to staff the set entirely with our own people," said CDR Gayle Frevert, NC, head of the perioperative nursing department at the hospital and member of FH5. "But Col. Bonnie Pearson, my counterpart at MAMC, suggested sending one of their operating room nurses with the surgeons. So there is a wide support system for collaboration across the region."

Frevert, who arranged the Army surgical team visit, said her goal was to increase the number of cases done at FH5 to ensure Bremerton's staff is trained in the field environment and to help reduce MAMC's caseload.

"Getting the Army and Navy to work collectively in a non-traditional setting is very exciting," Frevert said.

Army Col. Frederick Johnstone, MC, head of orthopedic surgery at Madigan, lead the Army team performing operations that fulfill the five days of field training mandated by their service for medical personnel.

"This is a win-win situation for both FH5 and MAMC," Johnstone said. "The military medical field is quickly moving toward a joint venture environment and FH5 lending us a hand is an excellent way to open up lines of communication between Army and Navy medical teams, as well as chip away at Madigan's backlog."

The Army medical team of Capt. Kurt Kowalski, MC, orthopedic resident, Capt. Chuck Neal, MSC, orthopedic physician's assistant, and Capt. Stephen Frederick, NC, operating room nurse, were guided through four operations that ranged from a 15-minute mass excision to an hour-long ganglion cyst excision. All the patients were Soldier volunteers.

The Army team worked side-by-side with Bremerton's LCDR Ian Mackenzie, LTJG Matthew Martin, LTJG David Parins, LT Janet Cuffley LT Christopher Smith, LCDR Brenda Solomon, and LTJG Thelma Haile, all Nurse Corps members, and HM2 Connie Smith and HM3 Lyle Walls.

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MN013208. HealthWatch: Can You Listen to the Rhythm of the Falling Rain?

By Nicole Deaner, Bureau of Medicine and Surgery

San Diego, CA - Listening to the gentle sounds of softly falling rain or hearing birds chirp with the coming dawn are a couple of life's simple pleasures. But according to the National Institutes of Health, as many as 10 million Americans may not be able to enjoy such sounds because they have permanent hearing loss.

Most noise-induced hearing loss occurs gradually and usually is associated with seniors over 65. But according to Army Col. Richard D. Kopke, MC, co-director of Naval Medical Center San Diego's Defense Spatial Orientation Center, age isn't the only cause of hearing loss.

"Noise-induced damage to the ear does not just afflict the older population," said Kopke. "It can just as easily affect children."

According to a recent study conducted by the Center for Disease Control and Prevention, there is a dramatic increase in cases of hearing damage in children in the United States. Loud rock music and earphones may be a major reason for the increased cases of hearing damage in young people.

Continued exposure to any loud noise can cause permanent hearing damage. Airplanes, firearms, loud music, fireworks, power tools and lawn mowers are among many environmental factors that can be a potential threat to hearing.

Once the ear has been damaged by noise, it is impossible to repair it.

Hearing aids can improve quality of hearing, but don't repair hearing damage with use.

When noise is too loud, the nerve endings in the inner ear are destroyed. The nerve endings do not regenerate and cannot be restored once the damage is done. Over time, the number of nerve endings decreases, and hearing loss sets in.

So how do you determine if a noise is too loud? Sensitivity to noise differs for people, but there are ways to determine if a noise is damaging your ears.

- A noise that hurts your ears.
- Your ears ring after exposure to a loud noise.
- You have difficulty hearing for several hours after exposure to noise.
- If you have to shout over a loud noise to be heard, then the noise is too loud.

The longer you are exposed to a loud noise, the more damaging it will be. But hearing loss isn't inevitable. It can be prevented.

"The best hearing protection against noise-induced hearing loss is to simply avoid loud noises," said Kopke. "It is a good idea to wear earplugs or special earmuffs when you expect that you will be in a noisy situation."

The type of protection will depend upon the loudness of the noise, but cotton balls and wads of tissue paper are not sufficient protection, whatever the noise level.

Educate your children about the importance of protecting their hearing. Loud music, fireworks, sporting events with screaming fans, and other activities are appealing to many, but can be potential threats to hearing.

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